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FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)						
	Kristi Lynn Noem (b) Address (number and street) PO Box 852	☐ Check if address changed					2. Candidate's FEC Identification Number
							H0SD00054
	(c) City, State, and ZIP Code Sioux Falls	SD 57101-0852				-0852	3. Is This New Amended Statement (N) OR (A)
4.	Party Affiliation	5. Office Soug				6. State & Distr	rict of Candidate
	REPUBLICAN PARTY	House				SD	00
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE							
7.	I hereby designate the following named political committee as my Principal Campaign Committee for the 2012 (year of election)						
	NOTE: This designation should be filed with the appropriate office listed in the instructions.						
	(a) Name of Committee (in full) Kristi for Congress						
	(b) Address (number and street) PO Box 852						
	(c) City, State, and ZIP Code						
	Sioux Falls					SD	57101-7101
DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives) 8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.							
NOTE: This designation should be filed with the principal campaign committee.							
(a) Name of Committee (in full) Freshman Agricultural Republican Members Trust							
	(b) Address (number and street) PO Box 30844						
	(c) City, State, and ZIP Code						
	Bethesda					MD	20824-0844
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.							
Si	gnature of Candidate						Date ·
K	risti Lynn Noem			[1	Electr	onically Filed]	07/10/2012
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.							

FEC FORM 2 (REV. 02/2009)